



King County

Department of  
Natural Resources and ParksWastewater Treatment  
Division

# Residential Sewer Use Certification

(To be completed for all new sewer connections, or change of use of existing connections. This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.)

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the King County Council at a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. The charge is collected semi-annually. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at (206) 684-1740.

Owner's Name \_\_\_\_\_

Property Tax I.D. Number \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Subdiv. # \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_

Building Name \_\_\_\_\_

Property Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Applicant Name \_\_\_\_\_

Primary Applicant Phone Number \_\_\_\_\_

Party to be Billed \_\_\_\_\_

Party's Mailing Address \_\_\_\_\_

Party's Phone Number \_\_\_\_\_

City or Sewer District \_\_\_\_\_

Date of Connection \_\_\_\_\_

Side Sewer Permit \_\_\_\_\_

Demolition of Pre-Existing Building \_\_\_\_\_

Type of Building Demolished \_\_\_\_\_

Sewer Disconnect Date \_\_\_\_\_

**For King County Use:**

Account # \_\_\_\_\_

Monthly Rate \_\_\_\_\_

Six Month Due \_\_\_\_\_

**Please "X" the appropriate line****Residential Customer  
Equivalent (RCE)**

Single-Family	1.0
Duplex (0.8 RCE per unit)	1.6
3-Plex (0.8 RCE per unit)	2.4
4-Plex (0.8 RCE per unit)	3.2
5 or more (.64 RCE per unit)	<input type="text"/>
No. of Units _____ x .64 =	
Mobile home space (1.0 RCE per space)	<input type="text"/>
No. of spaces _____ x 1.0 =	

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_